

Disaster Behavioral Health Planning Steering Committee
Group Memory¹ of Meeting March 22, 2005, 1:00 p.m. to 5:00 p.m.

Steering Committee Members Present	
Don Belau (Geneva YRTC)	Keith Hansen (HHSS)
Beth Baxter (Region 3 Behavioral Health)	Lindy Bixler (MFT)
Ellen Davis-Hall (UNMC)	Phyllis Dutton (Alegent Health)
Vicki Duey (Four Corners Health Dept.)	Carol Fredrich (Lutheran Family Services)
Ingrid Gansebom (Region 4 Behavioral Health)	Peg Williams (Commission for the Deaf and Hard of Hearing)
Jim Harvey (HHSS Division of Behavioral Health)	Dan Hiller (NEMA)
Thomas Jensen (NE Dept. of Agriculture)	C.J. Johnson (Region 5 Behavioral Health)
Kellie Moyer (Region 5 Behavioral Health)	Travis Parker (LLC Community Mental Health Center)
Sandy Ramsey (LLC Emergency Management)	Blaine Shaffer (HHSS)
John Sheehan (Douglas County Community Mental Health Center)	Shirleen Smith (West Central District Health Dept.)
Caroline Walles (Interchurch Ministries)	Cameron White (NE Dept. of Corrections)
Ruth Cover (HHSS)	Robyn Henderson (Rural Health Education Network)
Resource and Support Staff Present	
Denise Bulling (PPC)	Robin Chang (PPC)
Stacey Hoffman (PPC)	Elissa Dahlberg (PPC)
Cyndi Woollam (PPC)	

Next Meeting

1:00 to 5:00 on Tuesdays August 30, location TBA

Announcements

1. The state has designated 5 people to serve in the capacity of State Behavioral Health Disaster Coordinators. Jim Harvey will oversee day-to-day operations in behavioral health disaster coordination. The other state coordinators are: Sue Adams, Kathi Samuelson, Dennis Snook, and Denise Bulling.

2. The Nebraska Department of Agriculture, working with local extension educators, county emergency managers and the state's veterinarians, will host more than 70 meetings in locations across the state. The meetings will begin in April and run through the fall. Topics that will be addressed include: threats to agriculture, simulated disease outbreak,

¹ These notes are taken from notes and flip chart pages developed at the meeting. An attempt has been made to summarize the discussion by identifying themes and placing items in categories such as "Lessons Learned" and "Review". Please let the NU Public Policy Center know if you notice any errors or omissions.

indemnification and Nebraska premises, and animal identification systems. Nebraska Behavioral Health Disaster Workers are encouraged to attend meetings in their area in a continuing effort to be prepared to respond to the psycho-social consequences of disaster situations in our state.

Meeting announcement is on this web site

http://www.agr.state.ne.us/homeland/producer_meetings.htm

Meeting Schedule is on this web site

http://www.agr.state.ne.us/homeland/producer_meeting_dates.pdf

3. The Rural Health Education Network (RHEN) is again this year putting on Bioterrorism Symposia in four locations across the state. Details on each 2-day event can be found at:

<http://www.unmc.edu/RHEN/bt04.htm>

4. The Nebraska Critical Incident Stress Management (CISM) program has just hired Marty Klein to serve as the new CISM Statewide Coordinator.

5. The Central Plains Weather Symposium took place on(date). The Caring Communities Project (serving survivors of the May 2004 Southeast Nebraska tornados) arranged for two survivor panels to tell their stories to help educate people about the role that behavioral health disaster response can play in disaster recovery efforts.

Also as a part of this symposium, stormspotters went through stress management training to help minimize any reactions they might have to the impact of extreme weather events.

6. The Disaster Interfaith Network kick-off conference will be held June 2 in Grand Island. The efforts of this network are aimed at credentialing clergy state-wide so that they will have access to assist with the psychosocial needs of survivors of disasters or large-scale emergencies.

More information on this conference can be found under the 'Latest News and Information' heading at:

www.disastermh.nebraska.edu

Regional Planning Reports

A representative from each Regional Behavioral Health Authority reported on the progress of the Region in behavioral health disaster planning. All Regions stated they are impressed with the enthusiasm of the Public Health Departments in coordinating efforts in the planning process.

Small Group Work

GROUP #1:	
Needs:	Solution Ideas:
<ul style="list-style-type: none"> - Database and workforce maintenance and update 	
<ul style="list-style-type: none"> - Require licensed professionals to have a certain number of CEU's related to disaster response. 	<ul style="list-style-type: none"> - Fund by adding extra dollars to license fee.
<ul style="list-style-type: none"> - Have an on-going coordination with emergency management/ public health/ hospitals/ etc. 	<ul style="list-style-type: none"> - Explore current post commit funds which could be redistributed to Disaster Emergency Coordinator. - Each region could share cost of Psychological First Aid training and also help to maintain the database.
GROUP #2:	
<ul style="list-style-type: none"> - Continuing/ updated training and contact with volunteers 	<ul style="list-style-type: none"> - Train the trainer - Divide cost between organizations - Use distance training - Expand CERT training and put Psychological First Aid training into it. - Refresher courses or courses that would move the volunteer to the next level of training. - Use volunteers to continue doing trainings.
<ul style="list-style-type: none"> - Coordination of volunteers involved in more than one organization/ getting volunteers to be involved in more than one organization. 	<ul style="list-style-type: none"> - Hand out lists of organizations to volunteers. - Communication with volunteers by means other than the internet.
<ul style="list-style-type: none"> - Full time coordinator who would be continuously looking for grant opportunities. 	
<ul style="list-style-type: none"> - Quality control measures 	<ul style="list-style-type: none"> - Have facilitators at each site of distance training.
<ul style="list-style-type: none"> - Continuity 	<ul style="list-style-type: none"> - 3 year plan
<ul style="list-style-type: none"> - Certification for disaster preparedness for LMHP's. 	<ul style="list-style-type: none"> - Already some opportunities at the national level.
<ul style="list-style-type: none"> - Training requirement to be a licensed volunteer in mental health. 	

<ul style="list-style-type: none"> - Criteria for all doctors/ nurses to have disaster preparedness training. 	<ul style="list-style-type: none"> - There are some requirements right now, but they are not very specific.
<ul style="list-style-type: none"> - Continued Practice sessions for the plan. 	<ul style="list-style-type: none"> - Integration of practice sessions with other organizations. (They would be willing if someone helped them or showed them how.)
<ul style="list-style-type: none"> - Identification of indigenous volunteers and licensed mental health professionals both regionally and locally. 	
GROUP #3:	
<ul style="list-style-type: none"> - Reimbursement/ Remuneration of Trainers 	
<ul style="list-style-type: none"> - Opportunities for participation of volunteers 	<ul style="list-style-type: none"> - Training refreshers/ updates - Exercise Involvement - Cross training with public health - Minority involvement (bilingual)
<ul style="list-style-type: none"> - Keeping Databases Updated 	<ul style="list-style-type: none"> - Monitoring and guidance of community responders - Set Guidelines for how community responders are used
<ul style="list-style-type: none"> - Clarification of liability issues <ul style="list-style-type: none"> o Crossing state lines with community responders and licensed MHP's 	<ul style="list-style-type: none"> - Use of "temporary state employee status" as a solution to cross county deployment
<ul style="list-style-type: none"> - More CISM training for hospitals 	
<ul style="list-style-type: none"> - Continuation of Regional Disaster Coordinator Funding 	
<ul style="list-style-type: none"> - Wider dissemination of plan and activities <ul style="list-style-type: none"> o Primary Care o Clinical Care 	
Group #4:	
<ul style="list-style-type: none"> - Refresh "Use it or lose it" - Recruitment and Retention - Advanced training(s) 	

SUMMARY OF SMALL GROUP REPORTS:

Committee Meetings:

- Yes, quarterly and then bi-annually to monitor progress
- Yes
- Yes
- Yes, every six months.

Purpose of Committee Meetings:

- Monitor gaps that emerge.
- Help with assessment process of what comes up.
- Do a lessons learned time at each meeting. Talk about what we could do differently.
- Drive training needs to be taken to the region.
- Provide coordination between regions and the state.
- Uniformity and progress
- Review state plan and make changes as mandated by the federal government.
- Test plan continually
- Training
- Oversight and Communication of regional activities

Incomplete Activities:

- Infrastructure maintenance funds need to be found.
- Identify how many LMHPs, etc. are needed in each region based on population size. (Can be broken down into counties as well.)
- Ongoing funding needs to be found
- Training
- Search for training funds (Suggestion: charge for trainings.)
- Create worksheets describing the steps for volunteer involvement. Regions could develop the worksheet for their region. The goal is to increase public awareness. One for each of the following:
 - o LMHPs.
 - o General volunteers (describing steps to involvement and the procedural issues that volunteering creates for volunteer organizations.)
 - o Organizations coordinating volunteers (how funding/ reimbursement works, where they put their volunteers.)